No. 54.

On Scrofula.

By Nathan L Boulden of Delaware
passed March 26. 1816.

An inaugural Essay on Scrofula

I shall introduce the subject of this thesis, by making a few observations on the Absorbent System.

The vessels to which we give the name "absorbents" are small delicate, fine, tho' firm transparent tubes, anastomosing freely with each other in many places, yet in others they run many inches without such connections. They are generally found in bundles, some deep seated & others more superficial; all of them being supplied with numerous valves which occasionally give them a knotted appearance. In the course of these vessels we meet with a great number of small oval bodies called "glands" which appear to be nothing more than convolutions of the vessels themselves. These glands are generally situated in clusters, most frequently

in the groin, axilla, neck &c. The absorbents originate from almost & perhaps quite, every part of the human body, and terminate in the subclavian veins. carrying a fluid formed by a solution of our food called chyle, from the intestines, and hence hence the vessels are called "lacteals"! The same vessels originating from other parts, have the name "lymphatics" more immediately given them. The fluid contained in the large trunks of the absorbents before they enter into the subclavian veins has all the qualities of blood except colour. This assimilation, of all the substances taken into the absorbents, to the animal fluids seems to be effected by means of the conglobate glands which have been noticed. The duties of these vessels & glands are various & important, but many reasons concur to inducing us to believe that the functions of the animal requires agents differing from the absorbents exhibited to us in the dissecting room, tho' I believe belonging to the same general system. What an unknown set of vessels do exist I believe Because

1st. We often find fluids taken into the stomach are discharged from the urinary bladder, before we conceive it possible for them to have had time to pass through the general circulation, assimilated to the animal matter, to have been carried to the kidneys and thus thrown out of the body.

2. Odoriferous substances taken into the stomach will sometimes shew themselves in the excretion without the blood drawn at the time of the passage through the body, exhibiting any signs of peculiar odour. This I know has been explained by Professor Chapman from his chair, yet admitting as I do, his theory, it does not follow of course that substances actually do perform the process of decomposition, & re-formation, tho' it be possible so to be done in some cases; and we are afraid that the able professors theory will not explain the fact in many cases; for we know that any compound substance losing the smallest portion of its component parts is no longer the same compound. Now

altho' all of the parts of an onion may occasionally be deposited by the blood into the kidneys, or upon the skin, yet in most cases every particle of it, will not be thus discharged: And as the fact of the passage of the odour of an onion from the stomach to the urinary bladder always takes place, tis an argument in favour of the existence of an unknown set of vessels

3. I cannot well conceive how any vessel can take up this own substance in a state of health, without the assistance of other parts, as is at present supposed.

4. How is it that we often see large collections of water or other matter in the cellular membrane carried off by the bladder in a few minutes? This cannot be done by a "retrograde action" of the known absorbents, for the numerous valves would certainly prevent such an action. These valves incontestably prove to us that the absorbent vessels must carry all of this contained fluids into the sanguineous circulation.

5 Fluids as well as tumefactions, Inflammations &c

may be suddenly translated from one part to a distant part of the body, when the known absorbents could not have carried them, they evidencing an undemonstrated set of vessels.

6. Analogy lends its aid in the same conclusion, for if we take a general view of the animal machine we will have the general impression produced that it lives only by an equallibrium of its powers; thus the Medical theorist gives us his Excitement & Excitability: The Physiologist speaks confidently of his Arterial & venous blood & systems; In the Muscles we have powers & antagonists. In Pathology we are directed to attend to Asthenic, & Inflammatory symptoms &c. &c. Many more arguments might have been urged in favour of our hypothesis; but the above struck me as being the most direct to the point; Finally, in the Theory to be given of the subject of this Essay it is not absolutely requisite to suppose that such vessels as has been imagined do, or do not exist, and hence I shall write but little

more entitle I claim this part of the subject. It
may be asked if an other set of vessels besides those
already known, exist, why do not the anatomists point
them out to us? As a reply to this I will ask
why are not absorbents found & shown us by the
anatomist in the brain, bony, and other parts where
we cannot see them but know they do exist by their
effects? The answer is because they are too
minute & science is yet in its infancy! Just
the same reply may be made to the first question
It is not probable that we shall ever be able to demonstrate
the vessels I have been speaking of, even should they
most certainly exist: Nor do I esteem it at all
necessary that we should; for I am well convinced that
anatomists & physiologists have paid too much attention
to their eye sight, vision has its limits, or else we
would not hear one man say he has seen the retina
of the eye extend to the crystalline lens, and an other
say it never is found to reach further than to the
commencement of the ciliary processes: Neither would

one set of men see the same parts in the liver so very different in shape from what others do; nor would Lieberkuhn, Newton, & Monro 2d. have seen the commencements of the lacteals so very differently from each other. The fact is, nature has placed a limit (never to be passed) to absolute division; or in other words that point does exist in which habit ceases to give all men the same idea of space, or a body. Mankind understood the same language till a period or point of time arrived when there was a necessity for this common language to cease. It did cease, & language afterward became artificial signs, not known by natural or inherent means, but to be learned. But to return to the subject. I do not feel myself able satisfactorily to explain where these supposed nerves are seated, tho from considerable reasoning & some experiments, I am disposed to believe the situation is the cellular-membrane, and indeed that this membrane is the nerves themselves, which form lamina or plexus. The supposition would

lead to some very important physiological conclusions different from received opinions upon the subject but tho I shall leave it, as I write from necessity and consider it more the duty I owe to myself to perform my task, than propose new opinions or enter into any discussions.

An Essay on Scrofula

1st Its Seat. It has been about five years since I have read Cullen's first lines and it is not convenient for me at this moment to lay my hands upon this work; tho if my memory does not fail me very much, I am not wrong in supposing he considered scrofula to be a disease alone of the Lymphatic system. Carmichael is the only one whom I know, that has written a treatise of any length upon the subject; he calls this disease an affection of the digestive organs; and hence these two writers seem to differ in opinion, but as the one has not explicitly told us what he means by

the Lymphatic system; nor the other what ever his ideas of the Digestive organs, & both give the same symptoms to the affection, I conclude they did not in reality widely differ.

I am under the impression that Scrofula has its peculiar seat in the absorbent system. both the known & unknown vessels being included; however I will observe ~~that~~ I do not esteem it absolutely requisite that the supposed vessels should exist in order to entertain the ideas I do; for I have no doubt whatever but ~~that~~ the known system of absorbents penetrate into every part ~~where~~ of the body where Scrofula is ever found, tho' the extreme ramifications so penetrating cannot be demonstrated. Indeed according to our present ideas, ulceration cannot go on without absorbents. The conglobate glands the joints & bones are most subject to Scrofula, and as it is a general disease of the absorbents we are not surprised to find upon dissection the vessels inflamed, swollen, ulcerated & otherwise diseased

The mesenteric glands are very generally affected.

2 Causes of Scrofula.

By merely looking into Medical books we would suppose it the easiest thing in the world to become acquainted with the causes of Scrofula for the older writers confidently gave a long train of "Predisposing" and "Exciting" causes, which have been handed down to us, by succeeding authors copying them till the present day, with very little variation. The principle & most important of these is, 1st Hereditary taint, or disposition 2 Living poor & in unhealthy situations, as crowded cities, damp cellars &c. 3 Poverty & its too often attendants hunger, nakedness, filthiness &c. 4 Confinement in cold, wet situations, 5 Great bodily fatigue 6 Sedentary employment. Then, say they, are occasionally both the predisposing & exciting causes, at other times some of these will predispose the system, and the other produce the Scrofulous action. All of this may

be very true, but I should not fear Scrofula under these circumstances more frequently than any other one disease. I think however not so lightly of the first cause viz. hereditary disposition for in three well marked cases of the disease which have come immediately under my own notice, healthy situation, wealth, & morality, forbid the supposition that any of the above named causes of Scrofula could have existed, unless the first and, in one of these cases hereditary taint. I think did exist, as the father perished after a long illness with irregular gouty symptoms. To support this opinion I should make use of the same arguments that Hunter did, to prove his principles that Syphilis may predispose to other diseases which diseases not in the least venereal will nevertheless assume Syphilitic symptoms. and on the other hand venereal symptoms may be modified by existing predispositions; so in the case of the gentleman above alluded to, I suppose a predisposition

position to Scrofula did exist but the numerous exciting causes of gout to which he subjected himself, compelled his hereditary affection to assume the appearance of the constantly imitating cause,
When the latent disposition exists in the human body to Scrofula, I do not doubt but what the causes above named may in some few cases excite the action; but I am much more ready to believe me know nothing of the most frequently exciting cause of Scrofula.

3 Nature of Scrofula. This is difficult to explain, It appears to me however to be intimately connected with sympathy but as this is a principle of which I know but little, I shall not give some experiments which I have made upon the subject As we do not find that any change takes place either in the quality or quantity of fluids passing through glands enlarged in Scrofula I conclude that no great change takes place in the capacity of the vessels, for from

our present knowledge of Scrofula it will seem capacity is the efficient agent. Predisposition to Scrofula is like latent poison, either of which may exist a long time in a dormant state, or without disease action; but as here some change must exist; and as the length of time would indicate, this is not chemical, it must be mechanical. In applying this principle to the predisposition for Scrofula we must conclude that a particular construction or arrangement of the particles composing the coats of the absorbents do exist, which will permit them to take on Scrofulous action when the proper exciting cause is applied. These exciting causes may be some of the common agents met with, (& even of) life. Such a structure of parts may originally be formed; or may be produced by disease in the coats of the absorbent vessels; and should the agents met with during life be insufficient to produce the disease, the person so disposed may transmit the same kind of predisposition to his offspring, which may thus go down any number of generations before an exciting

Note
in Lect 27

I mention Dropsy in conformity to the received opinion that it is Disease of the absorbent system. — I am disposed to believe it is a Diseased action of the adipose membrane which in health deposits fat, changing this secretion to water or other matter. The cells of the cellular membrane, & perhaps the tufts, which I have supposed form the membrane, contain the morbid secretion; and by their undermouthed ends, I suppose it is that the water is carried off. The action being destroyed or suspended by our distention is the reason why the water of Dropsy is not immediately carried off, when formed.

The above opinion I believe 1st by reason in no other disease except Dropsy do we can find the body entirely destitute of fat. — 2 The dissecting room does not show to us that subjects who died with Dropsy have their absorbents unusually affected; & the cellular membrane is changed. No water, more than usual is found in their absorbents, nor is their blood thinner than other persons.

Other reason I will not give.

cause, sufficiently powerful to produce the specific scrofulous action, is met with in the life of the predisposed person, and hence it is we often find grandfather & grandson scrofulous and the intermediate father & son escape the disease. Physiognomy is not the same in every member of every family, though we may expect that sometimes the child will not inherit the scrofulous taint of its parent. These exceptions are however very rare

The cause of persons originally sound becoming scrofulous, or disposed to it, rather, is Disease, such as Syphilis, Scurvy, *Dropsy *&c. In elucidating of this subject I will relate the following case

A healthy man, born of healthy parents in a healthy country prospering like his parents, all of the comforts of life had born to him three remarkably fine healthy children which have continued to be well & strong. When he became affected with Syphilis, which from improper treatment or some other cause run through all of its stages and was at length cured by mercury, after which he

Note in page 29

X Mary Wiser, had one daughter, now alive and healthy; she then nursed a syphilitic child — The woman was attacked with venereal symptoms, which at length nearly left her, but she became scrofulous, & after some years died of the complaint; — After nursing the diseased child she had six children, all of whom died scrofulous before they were six years old. This circumstance is this moment related to me by a gentleman of information and undoubted veracity, a native of Cumberland county in this State, where the women resided.

12th March, 1815.

became scrofulous, for which neither mercury nor any other medicine has had any good effect. During this later disease he became the father of a fourth child who at the age of about three years exhibited well marked tho' mild scrofulous tumors in the neck. + To explain my idea of this phenomenon more completely I will add that I believe syphilis to be a disease of the absorbent system.

Scrofula is not a contageous disease, nor do I believe that any person could be affected with it unless a predisposition was formed & matured, either originally, or by disease. As scrofula is a disease of the whole absorbent system I do not believe it can exist at the same time with syphilis, scurvy, &c which also belong to the absorbents; yet one may well predispose as before said, to the others. This disease is the same, no matter how produced, & like syphilis of a peculiar nonspecific action; hence like syphilis, we may hope a complete & certain antidote may be found for it.

Scrofula generally makes its appearance in children

predisposed to it, between the 3d & 8th year of age.
Such children are generally found with light com=
=plexion, soft smooth skin, fair hair rosy face and
remarkably fine mental powers; they are lively, easily
fatigued, but as quickly rested; they resemble consump=
=tive patients in many instances, as having lax cell=
=ular membranes, occasionally & easily excited languor
exhilerated spirits &c. &c.

4 Of the Symptoms.

Scrofula usually makes its
appearance in small oval indolent swellings of the
neck, which we find to be conglobate glands, which
continue slowly to increase for years in most cases
tho' more rapidly in others; one such swelling is
generally at first observed, which may continue even
for years very slowly increasing before it is accompanied
with others, but always sooner or later others are per=
=ceived in the neighbourhood. At length these tumors
inflame suppurate & discharge their matter though

small openings, that in time, heal up, leaving ugly puckered up scars; The first tumors are followed & accompanied with others all over the body where such glands are, which in length of time, inflame, suppurate and at length heal up, thus leaving the patient in a state of health; Generally this happy termination takes place about puberty, but I do not know that such a course of the disease destroys the predisposition, & saves the offspring. This is the most mild & by far the most rare termination of the affection; Sometimes obstinate ophthalmia comes on with excruciating pain particularly in the joints, bones, and other deep seated parts which is much increased by the slightest motion; Matter is formed in those pained parts, which slowly finds its way outwards till at length the skin seems to burst into many holes, and a most troublesome & obstinate discharge takes place which soon without great care becomes an unhealthy sanies; the bones becomes carries; Hectic supervenes, & death generally puts an end to the patients suffering. However in some rare in-

stances

instancy, books, tell us the disease may be terminated at almost any stage of the disease, generally leaving the parts affected considerable deformed, with scars, stiff joints &c &c In Scrofula the soft solids are very much relaxed; the cellular membrane is singularly flaccid and the bones not having a sufficient quantity of animal earth partake of the general debility, & are easily broken. The minds of scrofulous persons are generally lively similarly to that of consumptive patients, and the resemblance may be observed even further, for in both, together with surprising elevation of animal spirits, we find a remarkable disposition to, with incapacity of long supporting, much exercise; and such exercise soon produces langour, which as soon leaves the patient & is forgotten. Great wittiness often exists in both.

Many of the symptoms of Scrofula being, like Lues venerea and the one often following upon the heels of the other, it is very difficult to distinguish between them. However when Mercury

fairly & judiciously administered, does not cure the doubtful disease, we may rest assured it is not venereal No matter what circumstances may seem to disprove this conclusion.

5 The Prognosis, when the disease is confined to an external part, is generally favourable, provided we can keep it from deep seated parts. When this is not in our power, the prognosis is obscure & very uncertain, as apparently mild cases may be very much aggravated, and the worst appearance may occasionally lean this threatening aspect; When the ulcers are deep seated having matter imbued with sharp acrimony, when they spread, erode, & shew no disposition to heal; or even when pain is severe, deep seated among the large joints, small bones of the hand or feet, we have much to fear, and may suspect its origin to be have been venereal; When added to, or even without these symptoms we have tubercles in the lungs, obstinate pains in the abdomen,

emaciation, loss of appetite, & hectic fever and have but little the hopes of a cure being effected. Any accidental local affection is much aggravated by a scrofulous habit; and the combination makes both extremely difficult of cure. From my theoretic notions I suppose Cancer cannot exist together with scrofula, however should any such combination be found I should imagine that both would be made more violent thereby.
Polypus which I have seen is a most terrible complaint in scrofulous persons.

6 of the cure of Scrofula

It may be perhaps thought that agreable to authors I should divide this head into two periods; viz: the medicine during the predisposition; and 2, the treatment during the disease action itself; but this arrangement is improper, as I do not believe we have any remedy that will cure a mere predisposition to scrofula, before the disease itself appears. The directions usually given

to persons, supposed to be predisposed to scrofula are unnecessary; such for instance as avoiding the causes which I have quoted as belonging to the disease; because these causes are injurious to general health, and will produce an intermittent fever Rheumatism &c as soon as scrofula;
Neither can we be told here that the general health is to be attended to, for we know in all complaints this attention is equally necessary.
Therefore I shall proceed immediately to mention such articles as may be supposed to act on the specific disease: and here we will find that the treatment naturally divides itself into Internal Medicine & external applications; both of which may be useful in either healing an ulcer or curing the disease general system, together or separately and
1 The External remedies in Scrofula are 1st Sea bathing, 2 poultices of salt, bread & water; of sea vegetables; of circula &c 3 Blisters, 4 Electricity 5 Frictions &c Many, very Many external applications

applications have been recommended not here mentioned, and some such may be serviceable, but I imagine it is only to some accidental symptoms that attend the disease, & not part of the specific action in Scrofula. Thoseum tis possible arsenic may have had some good effect in Scrofula, tho' I have no confidence in it.

2 Internal Medicines. Upon these we principally depend for a radical cure of Scrofula but I am sorry to have observed that independence has often proved fallacious. Dr Cullen has said that of fifty emmenigogues he has met with fifty cases in which not one of them has been of any service. This may well be said of medicines recommended in Scrofula, knowing that many cases of our disease are produced by hereditary predisposition, a taint in the very stamina of the human body, we are discouraged at the little prospect of finding a cure for it. However such a conclusion is wrong for in some cases at least, we know that predisposition

is produced by natural causes, and it is a general principle that natural causes will admit of other natural agents to counteract them. The medicines employed are. 1st Muriate of Soda, 2 Muriate of Barytes 3 Muriate of lime; 4 Muriate of gold; 5 Sub Muriate of Mercury, as an alternative, particularly combined with Tart: Antimo: &. 6 The Lisbon diet drink; 7 a Decoction of the individual articles entering into its composition 8 The vegitable narcotics particularly cicuta: 9 Arnica 10. and as tonics the different preparations of iron are best. Many other articles are recommended, but the above is a fair "sample" of them.

I having found myself in an army & private practice called upon to treat more cases of Scrofula than should have fallen to my lot and finding so few cures had been produced, I was led to reflect more seriously upon its treatment; In the course of my research I was struck with the great number of Muriates, which have been recommended, & upon

the fact, first observed (I think) by professor Coxe that the body when plunged into the sea decomposes the muriate of soda; & the lungs are affected with muriatic acid gas disengaged & inhaled. This seemed to indicate that muriatic acid was the active agent in the cure produced by sea bathing, or the muriatic preparations.

An other fact in favour of this conclusion is, that I think the muriates which are most strongly recommended are in reverse proportion to their affinities for the respective bases of the salts which the acid composes.

At the time this idea was thus suggested to me, I had a little patient in Scrofula having a tumor in the neck as large as a chestnut, with many smaller ones, which had existed 2 or 3 years. Her general health was excellent. A mercurial purgative was first given & then cicuta in doses of 1 grain of extract gradually increased to 10 grs at a time for one month: at the end of this time her bowels became very much affected for which 10 grs of calomel was given and the cicuta suspended for eight days

little or no diminution had taken place in the tumor. The Hemlock was now re-commenced & pushed to the extent her stomach would support, accompanied with epiastra epispastics over the tumified glands for fifteen days, when her bowels again became disordered, together with some derangement of her mind, which was obviated by purgatives, & discontinuing the medicine: the glands were now reduced to half their original size

In a few days the same treatment was again commenced & continued about one month without producing any other effect, than the peculiar nature of the medicine usually exhibits when fully given. The blistering seemed to destroy the accidental irritation & thus somewhat reduced the tumor when first applied, but certainly had no effect on the specific disease. Her general health & habits were good and required no change. Now it was, I resolved on a trial of the Muriatic acid, but I could not easily discover what quantity should be given for a dose as I could find no author who recommended the article

in disease. Tho I had once given it to a soldier yet as it exists originally in gas & is absorbed by water when we get it from the shops, the strength will vary in almost every new parcel we get of it. However I procured some of it & gave ten drops diluted in a wine glass full of water three times a day; this had no sensible effect and in five days I increased the dose to fifteen drops three times a day. These doses produced at first pains and then increased action of the bowels, which went off in a few days, & the medicine was continued, gradually increasing, for two months when not a vestige of his complaint remained!

In 1812 I was appointed an Hospital Surgeon's Mate in the general Hospital of our army & immediately ordered to Fort Mifflin near this city, where I remained a few months & then was ordered to the general military Hospital at New York, where I continued under Hosp. Surg.n Sherly till the spring of 1814 when I received a Surgeoncy, & left the Hospital. At these two stations I had an opportunity to see an

immense number of venereal patients & I believe that 9/10 of every 10 men received in either of the cities (Phila & New York) had the venereal disease, many of them very badly. At least fifty venereal patients were constantly in the wards of the New York Hospital. Dr. Sherly was in the habit of using mercury in all cases, admitted with venereal symptoms, and in a majority of them produced a cure by such practice. but in a respectable minority this plan did not succeed. These last cases, were diseases resembling syphilis, causidly, and difficult to discriminate from it; indeed from the information to be derived from a patient it is at all times difficult to say what his disease is. Most of these cases I think took on scrofulous & scorbutic symptoms, and some of them were truly the mercurial affection, & hence mercury was improper in all of them. This failure gave to the Doctors enemies an opportunity to have him suspended by arrest for 2 a 3 months; during

during which time a Dr Ch. took charge of the institution, and to shew his superior talents, prohibited Mercury in every case & gave Nitric acid in Syphilis. This had no material effect upon most of the cases. A few appeared to be amended, and a little fever member seemed to owe much to this acid in facilitating the cure by subsequent administration of the venereal antidote. Dr Ch. visited the hospital only one per day, & his orders not being considered specifically to the contrary in a few cases substituted Muriatic acid for the Nitric, as a mere experiment, being confident that no particular antivenereal qualities lodged in the acid used. No benefit whatever was derived from it except in one case where it seemed to produce a cure this case tho at the time obscure & unknown to me, I have now no doubt was really syphilitic

The following is the substance of the case as I find it in my note book.

"A. Montgomery aged 24 years, born in

Vermont a recruit of the 42nd Regt: was admitted with "venereal" on the 18th of Nov. 1813

Has nodes on sternum of his forehead, swelled joints pains in his abdomen, on the back of his hand; his wrists with an evident the deep collection of matter in the wrists & hand of one side. His appetite is good, tho his food is badly digested & his body emaciated. says about four years ago he had a chancre which was cured by a Doctor, soon after buboes, and after that scurf on the skin &c He was several times salivated, and very badly so about 18 months ago when all of his venereal symptoms seemed to get perfectly well. During his complaint his testicles has frequently swollen & were painful, soon after his apparent cure the symptoms he now complains of, commenced.

18 Nov: ordered pills Cocos: Sublim: of Mercury & Lapis with the Lisbon diet drink

1 Dec. No amendment or Ptyalism; treatment continued with the addition of Mercurial plasters on bottom of his

See page 58 for continuation

Body, and Emplt: Epispastics to others.

This mode of treatment with but little variation was continued without any benefit for near two months

22 Jany: 1814. This day all of his Medicine are discontinued, and ℥j Nitric acid given much diluted. & divided doses.

23 ℥j Muriatic acid is given.

24. No effect has been produced by the Muriatic acid & he sets very badly. Complains particularly of his abdomen. ℥j of Muriatic is given out of a new parcel, strength of which is unknown, but is supposed very strong.

25 Considerable pain & griping, 11 gts Opii, ordered & the acid continued.

26. griping. acid continued, ℥j ol: ricini given

27. ol: operated, griping gone. acid continued

28. No particular change, bowels quiet, but the appetite not so good as usual. acid continued

1 Feby: No great change, acid continued & 1 gr. opii at night.

See page 61 for co

10th Untill this day, I can perceive his acid with al: ici, occasionally, has been used without any sensible good effect. ℥j of the acid is now given.

20. Has been affected with strangury several times, which soon went off

25 The acid has been gradually encreased to ℥iss per day. His pains are not so severe as formerly, the swellings have abated, and the matter which appeared formed on one wrist is absorbed

1 March. All of his symptoms are much better & the acid has been given ~~in~~ doses of ℥iij per day. which is continued

15 March, his diseases is nearly gone, his joints very weak, his appetite moderately good, digestion not much deranged. Upon the dose being encreased to ℥iij of the acid per day, & from a new parcel much nausea was produced, which continued one or two days, & then went off with a violent purging

30. He appears well, the ~~appetite~~

2. April. He is this day pronounced "cured"

and discharged from the Hospital. and I have never heard of him since, however I soon afterwards left the district. – My note book gives the remarks of this case each day at length, but as there is much repetition, I only here have given the substance.

This case I think was evidently Scrofulous and the conclusion may fairly be drawn that the Muriate and cured it.

I may here observe that we have heard so much of the Muriate of Gold curing Syphilis that we must suppose it has cured something! Now I think it probable that when this article has effected a cure, the disease has been Scrofulous, following Syphilis.

I need make no more comments, – My Thesis is finished! — To make, or attempt making any apology to my very much admired & respectable teacher in Medicine for my crude would perhaps be an insult, yet I do beg leave

to state, 1st That I could not leave a private practice of Physic, in which I was engaged till near the middle of the present course of Medical lectures which is my third course; but the first was attended four years ago, the second last winter, when I had military duty also to employ me, hence I have not ~~to present~~ an idea of the opinions of our School of Medicine as I should profess nor am I so well acquainted with the minutiae of Medical Science.

2 Altho it has been seven years since I commenced the study of Physic, yet four years of that time having been employed by me in public service, sea & land, tis not to be supposed my reading has been extensive. tho my opportunities of seeing practice have been considerable.

3 Having resolved to write upon some subject I actually prepared ~~some~~ of a Thesis, I had but little time to arrange my present subject or refer to books, as in a day or two I

must hand my Essay to the Proper office for examination

4 Nothing but absolute necessity should have induced me to write at all, and nothing but absolute necessity should have induced me to leave what I have written, with so many "improvements upon it"